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THE TREATMENT OF PUERPERAL ALBUMINURIA, WITH REMARKS UPON THE ADVISABILITY OF THE INDUCTION OF PREMATURE LABOR.

BY WM. N. GUERNSEY, M. D.

PUERPERAL albuminuria is one of the most frequent of all the puerperal diseases, and although often producing but trivial disturbances, it sometimes induces alarming and most dangerous symptoms.

Formerly it was studied very carefully as to its relationship to puerperal eclampsia, and for a long time considered to be essentially its proximate cause. Although that theory is now no longer tenable, yet the concurrence of the two affections is so frequent, that where one is present, the other is generally to be apprehended.

In the treatment, therefore, we have not simply the task of relieving the albuminuria, but to bear constantly in remembrance that so long as it persists, there is a possibility of the fœtus dying *in utero*, or an outbreak of puerperal convulsions. The question then, is not simply what medicine shall we prescribe, but whether the administration of drugs alone is sufficient, or will operative measures become necessary.

When puerperal convulsions occur, it is well known that they generally subside upon the depletion of the womb, and yet notwithstanding that albuminuria is coincident in about eighty-four per cent. of the cases, there is a great diversity of opinion as to the propriety of inducing premature labor, not only for the purpose of arresting an attack, but for the prevention of an outbreak.

As formerly the eclampsia was supposed to be

caused by the depletion of the blood of albumen, and the retention of urea, or of the excrements of the urine in the system, and that the albuminous urine was induced in the great majority of the cases by a hyperæmia of the kidneys resulting from the pressure of the gravid uterus upon the emulgent renal veins; therefore, where it was severe, and did not subside under treatment, the most plausible indications were to relieve that pressure, by the induction of premature labor, and thus to prevent a possible outbreak of the convulsions. But with the recent advance of our knowledge of the pathology of this affection, there is a greater hesitancy on the part of physicians to employ other than internal remedies.

It has been frequently observed, where the albuminuria has been very great, that convulsions do not always occur, and also that the most violent eclampsia has appeared where no trace of albumen had been detected in the urine, either previous to, or after an attack. Therefore, many have doubted whether albuminuria and the consequent retention of urea in the blood, or the decomposition of the latter into carbonate of ammonia, as maintained by Frerichs, is the only cause of eclampsia, notwithstanding the experiments of Spiegelberg upon animals, which showed that the injection of carbonate of ammonia into the blood would induce convulsions and coma, and the discovery by Petroff of a relatively larger quantity of ammonia in the blood of eclamptic women.

Further, undoubted cases of puerperal convulsions were reported where the first appearance of albumen in the urine was coincident with the outbreak of an attack, which seemed to indicate that both were induced by the same cause, which arose elsewhere than in the kidney.

Then the theory was advanced by Traube, that the convulsions were not directly caused by the

albuminuria, but that they were induced by œdema and anæmia of the brain, resulting from a watery condition of the blood, and coincident hypertrophy of the left ventricle of the heart. The hydræmia, however, is most frequently induced by albuminuria, although it oftentimes occurs independently of it, and from other causes.

Rosenstein corroborated Traube's theory, and maintained that eclampsia arises from disturbances of the circulation of the blood in the brain, and is not dependent upon structural alterations in the kidneys.

The researches of Bidder show that merely pressure of a certain extent and duration, occurring in connection with hydræmia, may evoke symptoms which clearly resemble eclampsia, and Elsässer claims that convulsions and coma may be induced in a rachitic child by pressure upon the soft occipital bone, therefore it seems very plausible that in a state of hydræmia the arterial tension may be so increased as to induce hyperæmia of the brain, which, in the presence of a dilute serum, would produce œdema, and that again by pressure, secondary anæmia.

A series of clearly demonstrated clinical facts tends to favor this theory, eclampsia being known to occur more frequently in cases where the deterioration of the blood—the hydræmia of pregnant women—is particularly great; among persons, for instance, who suffer from great œdema or albuminuria, and especially in cases of twin pregnancy. Then again, the disease occurs more than three times as frequently among primiparae as among multiparae, and is most liable to come on (over eighty-nine per cent. of the cases) during labor, or in the first twelve hours succeeding.

An increased tension in the arterial system is readily produced under all these circumstances, which, when a certain degree of pressure is obtained, combined with a deterioration of the blood, may finally give rise to eclampsia.

The Traube and Rosenstein theory of the cause of eclampsia is at the present time receiving very general acceptance, and as the autopsies reveal that in over thirty-five per cent. of the cases the kidneys have been found healthy, and moreover, that in two-thirds of the remaining there have been usually demonstrated merely the symptoms of acute renal hyperæmia, while the condition of the brain in nearly all cases is that of extreme

anæmia, with more or less œdema, therefore the indications in puerperal albuminuria seem less urgent to relieve the pressure upon the emulgent renal veins by the induction of premature labor, than they would if the views of Frerichs could be upheld by clinical observations.

As it has been said that we must look for disturbances of the brain rather than of the kidneys in cases of eclampsia, it is well to examine closely its similarity to epilepsy and infantile convulsions. The latest researches show that an epileptic attack is merely a symptom of cerebral anæmia, and therefore is one of the manifestations of any cerebral disease which renders the brain anæmic. The infantile convulsions are also likewise induced by anæmia of the brain affecting the pons, as they are generally evoked by an irritation of the peripheral nerves being reflected to the nerve centres, producing a spasm of the arteries of the brain, which is the more easily induced if the blood is impoverished by anæmia; or, they are induced by the chill which ushers in some grave disease, causing a general spasmodic condition of the arterial system.

In the anæmic state there is a striking similarity in the great reflex nervous excitability of puerperal women, and especially of primiparae to that of children. If in the latter, the irritation produced by teething, or worms in the intestinal canal, is sufficient to awaken such molecular change in abnormally polarized motor cerebral or motor spinal centres as to evoke dangerous and frequently repeated convulsions, is it to be wondered at that with the exalted excitability of the entire nervous system of a puerperal woman, that they sometimes occur in the throes of labor, or in the last months of gestation?

As clinical observations, physiological experiments and pathological appearances uphold the theory that eclampsia is caused by cerebral anæmia, the treatment of puerperal albuminuria resolves itself into endeavors to relieve the disturbance in the kidneys, and that which is of equally great importance, the prevention and allaying of nervous irritation.

During pregnancy, the first indication can generally be met by the administration of either *arsen.*, *apocy.*, *apis.*, *bell.*, *digital.*, *merc. corros.*, or *phos.*, the choice of the remedy being only made after a careful chemical and microscopical examination of the urine, and a study of the totality of the symptoms.

To prevent, allay, and subdue nervous irritation, demands the prevention of any irritation of the excito-motor instrumentalities, the prevention or the relief of the impoverished condition of the blood, the subduing of great nervous irritation by the administration of nervous sedatives, or by the depletion of the uterus.

The first implies care in preventing all emotional excitement, and close attention to the digestive system, that no irritation be induced by indigestion or constipation. Severe or prolonged physical exercise, or mental exertion, should be avoided; the body should be frequently washed, and thus diminish the irritability of the peripheral nerves, woolen clothing worn, and good ventilation, and the observance of strict hygienic rules be enjoined.

The impoverishment of the blood must be relieved as speedily as possible. It is well known that neuralgia is generally but the utterance of a cry of the nervous system for more nutrition. Eclampsia, we have seen, is the result of anæmia of the brain, provided sufficient arterial tension be present, and it is one of the manifestations that the impoverishment of the blood is sufficiently great to cause cerebral œdema. To prevent this occurrence, the indications are to improve the condition of the blood by nutritious diet and suitable tonics.

Whenever the puerperal albuminuria becomes very great, the question arises, as to the advisability of the induction of premature labor. The operation was strongly advised a few years since by many of the most eminent men in the profession; but of late, there are some who maintain that the operation should never be performed in this disease, and that all operative procedures should be abstained from, until the first stage of labor is nearly completed. A recent American writer, in treating of puerperal convulsions, thinks if they occur during gestation, and no symptoms of labor appear, that the operation is not indicated, as before the cervix uteri is completely dilated it would cause too great excitement. And these views are corroborated by a celebrated English obstetrician, who, in a recent work, speaks of the theory of emptying the womb in puerperal convulsions before the *os uteri* is dilated, as an exploded one.

In this great variance of opinion, what shall guide us in our treatment? First, is it ever justifiable to induce labor before the fetus is

visible, either as a preventative of convulsions, or for arresting them, if they occur? I think not, as puerperal convulsions rarely occur before the eighth month of gestation, but when they do, they frequently provoke labor without artificial aid, and are generally arrested by the administration of chloroform.

Moreover, the albuminuria, however great it may be, can usually be much relieved by appropriate treatment. I have seen it so severe as early as the fifth month, that upon boiling the urine, the albumen precipitates so solidly, as to form of the whole such a compact mass, that it would not flow out a few hours afterwards on inverting the test tube; and yet, I have seen it relieved, and the grave nervous symptoms which were coincident, disappear under treatment, and the patient escape without any convulsions.

After the fetus is visible, should we induce premature labor, whenever the albuminuria is severe? The fact, that the pressure upon the renal vessels after the end of the eighth month is no longer increasing, but rather diminishing by the gradual obliteration of the cervix, allowing the contents of the uterus to settle somewhat lower in the pelvic cavity, and that very great albuminuria frequently occurs without being accompanied by convulsions, are strong arguments against the performance of the operation, especially when it is remembered that the nervous system at this time is very easily excited by any peripheral irritation, and that the labor cannot be induced without considerable irritation of the nerves of the uterine cervix.

Notwithstanding the nervous system, and not the vascular system, seems to be the starting point of the eclampsia, and that an occurrence of an attack frequently follows external sources of irritation, such as pressure of the fetal head upon the cervix and digital examinations, yet, if from the duration and severity of the albuminuria such a high degree of hydraemia exists, along with disturbances of the functions of the heart, lungs and brain, that there is every probability that their continuance will result in the death of the mother, I think the operation is most decidedly indicated. But I believe it should be done slowly and deliberately, and every proceeding carried out with the utmost care and gentleness, so as to induce as slight a degree of irritation of the uterine nerves as possible.

Thirdly, where a high degree of albuminuria

exists at the end of gestation, are there any indications for special treatment at the time of labor?

We have seen that the œdema of the brain arises from an increase of arterial tension where hydraemia exists, and that the most frequent cause of the increase of pressure in the arteries sufficient to induce eclampsia, is the result of the strong muscular contractions which take place with the occurrence of the labor pains; and with their increasing severity, the greater the pressure becomes in the arterial system.

The indication is, therefore, to restrain all powerful muscular action, and this can best be accomplished by the administration of chloroform. The drug also, according to the experiments of Scheinsson, diminishes the tension of the arterial system. Therefore, as a preventative measure, whenever the albuminuria is so severe at the end of gestation, that we apprehend convulsions may occur during parturition, I think it advisable to administer chloroform during the *entire* first two stages of labor.

WORK VERSUS WORRY.

BY REV. T. R. SLICER, A. M.

I SUPPOSE that of all remedial agencies depended upon by the medical profession, *rest* is oftener prescribed than any other. We Americans burn up the fuel of life faster than any other people, and suffer not only in the quality of the brain product of which we are, as a people, capable, but in the power to produce at all. We must "lie up for repairs" every few years or become utterly incapable.

Large ventures, which turn the whole merchant class into speculators, surpass the domain of thought and enter that of prophecy, and the investor having no invariable mathematical data on which to depend, transfers his life from sober thought to nervous expectancy, and complains of the *drain* of business occupations—he must *rest*.

The student, who has not decided whether his career in life is to be professional or commercial, must by the law of our rapid transit, acquire, by his eighteenth year, a sufficient amount of pabulum to "start even" in the race for professional distinction, (if the scale should dip on that side), or else be not too old to go into business—an indefinite arena for which he has not been at all in training.

Of course, that beautiful but antique idea of learning a trade does not enter into the account at all—have we not opened our ports to emigration? We import our laboring classes, and pay for the privilege rather a high rate.

If this hurried student decides to enter the ministry, he steps at once into an arena of completion as exhausting as it is unrighteous. One only exception is found in the itinerant of the South and West, where there remain some instances of that old institute—"Bush College"—where the young man is set on a horse and set at a "circuit," to be broken in. Nature gets a chance at him at last, and he does not need to *rest*.

But the clerical competition of a great city, with its false estimate of the use of the pulpit, to create a sensation rather than build up manhood, comes like an irresistible stimulant upon this man's ambition, and keeps him "up to the scratch" for a few years; but he feels at last that no man can afford to feed the fires of his life as though he were a rolling mill and must never let the furnace lose its heat a moment.

Sleepless nights, feverish mornings, the search for a striking theme for next Sunday, the wonder whether he is "holding his own" or not, the suggestion from church officers that the pew list is falling off—all this tells on him at last, and he feels more and more as if his nerves had come to the outside of his clothes, and every contact in life gave him pain; so he goes to see the physician and is told to *rest*.

Nothing could be more indefinite than such a prescription.

The difficulty still remains with all these classes of feverish men—drained off in their vital centres—*how* shall I rest? He tries inaction; but that is so contrary to the habits of his life that it frets him beyond endurance. He cannot be inactive. If he is a merchant, and there comes a national holiday of a day, he goes down to the store for half of it, just to see that every thing is all right. If he is a clergyman and goes from home for a fortnight, he must vent his pent-up thunder at a camp-meeting; or be shown to the congregation, where he happens to be, as a "visiting brother, who will address you;" so inaction is not the way of rest for either of these tired men. How shall he rest? He will go to Long Branch, Saratoga, or some such *retreat*. For him it is like *retreating* from the slower

moving circumference to the whirl of the centre. Change of diet, with its indescribable culinary compounds, the exactions of elegant manners, the incessant programme of each day's dissipation ending with the kaleidoscope of fashion, which *tires* with the waltz, and in which men and women, passion and vanity, social exaction and social peril, silk, velvet and jewels are all thrown in to make a "pretty figure," instead of beads and bits of glass, as in the child's toy—all these send the man back glad to get at something earnest, but not much *rested*.

Why not rest brain and nerves as well as we do muscles? If in a long journey by carriage we become weary, we rest not by stopping but by taking a brisk walk of a few minutes. The down-town clerk, who has been standing for hours at his desk, rests by stopping at the boat house as he goes home and taking a pull on the river; and his rested feeling is the difference between arms and legs. What a man wants is not cessation of activity, but *change* in the *direction* of his activity. French and German *literati* understand this, and work from twelve to eighteen hours per day, by judicious change from one arduous task to another. It would surprise some of our hard-driven merchants, who go to the afternoon's work with an undigested lunch in their stomachs, to take a walk through the streets of Antwerp and Brussels, between the hours of noon and 3 P. M. Every *café* and restaurant has a crowd within and without, of leisurely diners, who leave business at noon, eat slowly and enjoy it, and then play dominoes, back-gammon, chess, or billiards, until 3 o'clock; they find some light employment of mind and interest, while the act of digestion goes on. The professors in the German universities are a hale, smooth, comfortable looking set of men; no well-to-do farmer could produce a more undisturbed exterior. But what is the fact about these men. They rise at six or earlier, take a roll (not hot) and a cup of coffee, worthy of the name; go to lecture at the university, and grapple some absorbing theme for three hours, with 15 minute rests between each lecture, take a light lunch about eleven o'clock, lecture until 2 P. M., go home and dine heartily, have a social time over their after-dinner coffee, work steadily all the afternoon in the study or in private lectures, sup and go at it again, top-off with a glass of beer, which gives them a pleasant sense that

Germany is the greatest nation in the world, and go to bed before midnight. The "midnight oil" is an unwholesome commodity in their view of life.

What is the result? Such vigor of mind as theirs, unceasing in its activity, endless in its versatility, gives to many a German professor the 50th anniversary of his professorship, and calls to his feet as students, young men from every quarter of the globe.

To Berlin, where Momsen, Curtius and Dörner lecture, 2,500 students flock; and to Leipzig, 3,000 attend the lectures of the other Curtius, Kaais and Luthardt. And all the while these busy men were turning out books as if the effort did not cost them much pains-taking labor and deep and patient thought. They demonstrate that work does not wear a man out. We demonstrate that *worry* does.

LECTURE ON CLEANLINESS.

BY SELDEN H. TALCOTT, M. D.

WHETHER the old adage "Cleanliness is next to Godliness" be true or not, certain it is, the one is about as difficult of attainment as the other. He who seeks to live through all the temptations and trials of this life, in close communion with the infinite Creator and preserver of us all, will often find his pathway strewn with rough and rugged rocks, instead of ruby tinted roses; and meet with numberless soul-trying obstacles where he expected only pleasant helps; and it will require the sustained effort and unquenchable zeal of an untiring, persevering saint to continue in the faith, and faint not, nor grow weary in well-doing. And it is also a certainty past argument that he, or she, who would preserve a proper and suitable degree of cleanliness in a hospital ward, or even in a private sick room, has undertaken a task requiring an amount of fortitude, patience, and perseverance equal to that required of him who would conquer the corrupting passions of his own heart, which latter is said to be an achievement greater than the building of a city.

It is one thing to erect a house or a hospital, and it is quite another thing to keep it clean. The one may be the labor of a year, the other is the work of a life-time; or perchance requires the persistent efforts of succeeding generations.

Appreciating then, as I believe you all will, the imperative importance of the work in hand, it will be my earnest endeavor on this occasion to point out the peculiar dangers engendered by filth, the necessity for cleanliness everywhere, and particularly in sick rooms and wards, and also seek to instruct you, to the best of my ability, as to the most approved methods for obtaining the desired end.

Filth of any kind, tends everywhere to the breeding of disease, is the great promoter of debilitating sickness, and is a most potent factor in those subtle causes which spread pestilence among the people. As an evidence of the truth of this assertion, witness the dark, pestilential, stench-reeking, death-dealing places that curse and destroy the human race in many of our large cities and villages throughout the land, and not unfrequently in the remote country. Wherever ghastly gutters and putrifying heaps of garbage send up their unfragrant odors, there you will find life-destroying scourges and hideous plagues. Apparent exceptions to this but prove the rule, on careful examination. And even in some quiet flower perfumed country town where everything *seems* bright, and fair, and clean, but where filth in reality lies hidden at the core, the Great Destroyer too often comes, suddenly, unlooked for, and unbidden, and bears away whole households on the wings of typhoid fever. There is no *apparent cause* for this dreadful visitation, and all the ignorant wonder at this strange "stroke of Providence," as they call it. But investigation shows that the clean walls of the handsome farmhouse are but the fair exteriors of a whited sepulchre—that within, deep down, a basementful of decaying vegetable matter had been allowed to do its silent, unseen, but sure work. Or possibly the well of cold spring water, pure in appearance as a crystal fountain, has become the receiving vault of death for some unnoticed sink or sewer, whose corrupting filth is unconsciously taken up and absorbed until the waters of the well become a death-dealing poison to innocent and ignorant victims.

Now all this destruction of life, which has come like a thief in the night, is not the result of chance, nor yet an interposition of Providence, but it is the result of a violation of God's immutable laws. Nothing happens without a great and all-sufficient cause. Throughout the wide domains of nature, from the convulsions of

Vesuvius to the silent falling of the dews of night; from the monster in the ocean to the millions that inhabit a drop of water, *everything* lives and moves under the dominion of law, and every throb of life, as well as every throe of death, proclaims its immutable force. There is a cause for the sickness that carries off the young, the active, the vigorous, in the sweet prime of health and strength, however deeply it may be hidden from our view. Back somewhere, in the mysterious sources of life, you will find a broken law, and heaven only knows how often the laws of life are violated by a reckless disregard of public and personal cleanliness.

These are general dangers to which I have referred. Let us look at the more special dangers arising from a want of cleanliness in the sick room.

Think, for instance, of the injury which must come to a patient when obliged to breathe, over and over again, the foul, impure air which pervades a poorly ventilated room. Of all species of uncleanness, the saddest and most pernicious is a foul, corrupt, tainted, vitiated atmosphere. This species of uncleanness works untold injury to both patient and nurse, for both are alike subjected to its dread influences. Self-preservation, then, if nothing else, should impel you to insist upon a liberal supply of *clean air*, and cause you all to study diligently the easiest and surest methods of keeping it clean. Again, the room itself, the floor, the walls, the wood-work, the brass knobs, the windows, and all the various appurtenances of the sick room should be kept constantly clean, otherwise they become the coffers and secret closets where disease hides its treasures, until every corner and crevice becomes a magazine replete with dangerous compounds; and in every wall is hidden, as it were, an infernal machine, whose secret spring flies open at the lightest touch, imperiling many a precious life.

The bed upon which the suffering patient spends the majority of his long-drawn and painful hours, is an article to which the skillful nurse will direct her most careful attention. The floor may be clean, and the walls rival in whiteness northern snows; even the bed itself may present a comely outward appearance, by reason of a pearl white counterpane, yet within it may be full of the odors of dead men's bones. Surely you cannot expect a speedy recovery from a patient who is constantly inhaling noxious va-

pors, which too often rise from the bed he is lying on. Musty straw, saturated with foul perspiration from the poor victim; bedding stained with excretions from nose, skin, mouth and bowel; "old clothes," tucked away beneath pillows or mattress, which have long been the camping ground for "innumerable caravans," these are indeed dangerous nuisances, against which the faithful nurse will wage a continual warfare. I trust it will be necessary for me to hint only at this important duty of yours, that of keeping your patient's bed *totally* clean.

If the clothing which a patient wears, whether in bed or out, is allowed to become saturated with unwholesome exhalations of the skin, it cannot but interfere most seriously with the process of recovery, and even if that occurs, under such unfavorable circumstances, it is too often at the expense of a protracted convalescence. Dirty clothing hinders, clean clothes promote or assist in a cure in almost every case.

Above all, and beyond all yet spoken of, a clean skin is most necessary in every patient, while a filthy one is to be most thoroughly deprecated, on account of its unfortunate disease-harboring tendencies. The skin acts as a sort of safety valve, through which the surcharged system rids itself of numberless impurities. If the avenues for the escape of these impurities are closed, who can estimate how fraught with danger is this sad condition of things.

The dangerous tendencies of unclean air, dirty rooms, foul clothing, and impure skins, having thus been hastily attended to, the question arises, "what shall be done to secure scrupulous cleanliness, in every particular, and what are the best means for accomplishing this much to be desired end?"

Permit me, just here, to lay down an axiom for the government of every nurse in the sick room—that is, every nurse who would be worthy of the honorable title—it is this: *Cleanliness can only be satisfactorily secured by constant and persistent effort.* It is not by a spasmodic upheaval and general overturning of everything in the ward, once a week, or once a month, or once a year, that desirable cleanliness can be obtained, but it is by careful attention each day, and every hour of the day, to the minutest and most trivial matters pertaining to this all-important work, that you will win a satisfactory success. Each article should, every morning, be

thoroughly inspected, and whenever filth, or dust, or dirt is found, it should be quickly but quietly removed. In doing this the skillful nurse will conscientiously guard against annoying or worrying the patients by making any useless display of the work in hand. Always avoid ostentation, or show of doing great things, while attending to your numberless trying, and frequently, terribly fatiguing duties. Much can be accomplished without worriment to the sick, and without appearing in the least to disturb them, if you manage with discretion and tact. While, if you appear with broom and duster in hand, and with loud determination stamped upon every feature, you are liable to destroy the good you would otherwise accomplish, by instantly working your patients into a fever of unnecessary excitement. Nothing harms a sick person more than to be filled with the idea that they are the source of an immense and mighty trouble. With this preliminary caution, we will enter upon the work of purification.

How to *clean the air* is a question of prime and principal importance. You enter the room in the morning and find it, perhaps, almost stifling. The night nurse has possibly closed, or allowed the patient to close, every possible inlet for pure air. The atmosphere is reeking with exhalations from skin and lungs, or is very likely charged with even more intolerable odors. Energetic, but thoughtless or reckless nurses, would at once open wide every window in the room or ward. This plan of action, though better than no action at all, is fraught with danger. The patient half suffocated, and suffering from undue prostration, the result of an impure atmosphere, and most probably the victim of sleeplessness on that account, is now subjected to the new danger of sudden exposure to the chilling air from without. The windows *must* be opened, fresh air *must* be allowed to come in; and the impurities which already crowd the room *must* be allowed to escape. Now it is just here that good judgment, discretion, and moderation comes in, and distinguish the skillful and intelligent nurse, from an ignorant, shiftless, or reckless pretender. Begin moderately and cautiously: open the window a little at the top, and allow the overheated and impure air to slowly escape. Watch the effect upon your patient; see that he is properly covered; screen him carefully from the possibility of taking cold; for, if

he does, new complications are added to an already serious disease. Very soon you can raise the lower sash, and let the clean air from without slowly pervade the room. Should the wind blow strongly, close the blinds, leaving the lattice work slightly ajar. In this way the force of the current is broken, yet the work of purification goes steadily on. Very soon you will notice a change. It is now much easier to breathe in the room than on your first entrance the impurities are passing away, and a fresh, life-bearing atmosphere is taking the place of death-courting, poisonous gases. The patient brightens, and begins to feel better, with no symptoms of chill or discomfort. He almost wonders at the delicious change, and very likely he will attribute his rise of spirits to your angelic presence, and bless the good fortune that has given him so skillful a nurse.

Meanwhile, Nature works a purifying, life-invigorating renovation in the air of the room, while you have but to dexterously watch and direct the marvelous *presto*, and monopolize the credit!

With the air once cleaned of its foul and heavy burden, the next study must be to keep it clean. Impurities constantly pervade the air of every sick room. These must not only be allowed, but forced to escape. An outlet must be provided for foul air, and should always be kept open. As gases are usually lighter than air, and as these gases constitute the chief impurities in the atmosphere of the sick room, the exit for these impure gases should be near the upper, and the openings for ingress of fresh air should be near the lower part of the room. Having provided for the entrance of pure, and egress of impure air; the next step should be to keep all *fine filth* out of the air, as far as in your power lies. Just here I propose saying a word about "dusting" the room. As it is commonly performed, dusting a room consists in merely moving the dust from one portion of the room to another. A table is dusted, and looks clean, but where is the dust? Is it removed from the room? Not at all. A portion of it falls to the floor, and a still larger portion takes to itself wings, for a time at least, flying about the room, filling the atmosphere, irritating the lungs, and poisoning the patient, who is worse off after the room is cleaned, so called, than before. Changing his position of dust and dirt is not cleaning a

room, by a considerable. What will best remove the dust? A damp cloth, skillfully handled, followed by the use of a dry one to remove all remaining moisture. Use these, and take the dust away, instead of flirting it in your patients' faces.

If then, nature has so generously cleaned the air for you in the early morning, you should avoid undoing her fairy fingered handiwork, by stirring up the dust which nothing short of a hurricane can carry away before it does immeasurable damage to your patients. With damp cloths and dry cloths, one succeeding the other, you can clean the furniture and wood-work without soiling a single cubic inch of God's pure air.

Again, exhalations from the lungs and skin of the patient, together with odors from his excrement, are, as a matter of necessity, constantly passing into and soiling the atmosphere. To effectually remove these microscopical atoms of decomposed filth, there must be a certain amount of MOTION to the air, and by this means effluvia is borne away, and purity is allowed to prevail. Just how to determine the exactly necessary rate of motion, is a matter of difficulty for most nurses. You can, however, judge, or guess very shrewdly, after due experience, close observation, and the exercise of a fair amount of common sense, as to whether the draft, so called, be too strong or just right. But the air moving at a rate which is safe for the patient can only bear away a very moderate amount of these unhealthy odors; consequently, it must be your care to see to it that the ever willing atmosphere be not overburdened through your negligence or shiftlessness. If the stream is to be clear and sparkling, the fountain source must be of unquestioned purity. If you would keep your wards clean, you must prevent the accumulation, by removing promptly, the source of these various noxious exhalations. To this end, soiled clothing must be removed immediately on discovery of its being soiled; and your discoveries must be frequent and oft-repeated. When soiled clothing has been changed it must never be allowed to remain in the ward, but sent at once to the laundry. All changes should be made as early in the morning as possible, for two reasons: impurities that escape while making these changes, can thus pass away during the first airing of the room; thus you avoid soiling the atmosphere more than is absolutely necessary. And again, the laundress, by your promptness, readily ascertains how much work she has before her for the day, and can hurry the help accordingly.

To be continued.

*Clinic.*CASES OF CONSERVATIVE SURGERY,
WITH EXPERIMENTS AND OBSERVATIONS
ON ANAPLASTY OR SKIN
GRAFTING, ETC., ETC.

BY C. H. VON TAGEN, M.D., CLEVELAND, O.

C. W., æt. 27, a German, a large muscular-framed man, somewhat plethoric, light complexion, and of marked nervo-sanguine temperament, was admitted into hospital February 11th, 1876. Was in the employ of the Lake Shore & M. L. R. R., and while engaged in coupling freight cars his entire left arm was caught flatwise, and most severely contused. On admission the limb presented the following appearance: The bones were unbroken, due in a measure, no doubt, to large developed muscles, and an abundance of adipose tissue, with which they were covered; and another reason why, because the arm was caught in the manner described instead of transversely, otherwise the condyles of the humerus, at least, would not have escaped. The entire palmar aspect and internal border of arm and forearm was one extensive depot of effused blood, and was simply enormous to behold, being dark and livid in color throughout this district, hanging pendant, like an immense blood blister, the integument was unbroken. Manipulation of the part, which was more than twice in size of the uninjured arm, revealed the presence of fluid, which was presumably blood. The man was in intense agony, and had been for some hours, during which time the limb swelled extensively. Anesthesia was resorted to for relief from suffering. The case was a novel one to me, although I have witnessed many contused and lacerated injuries, but in my experience I never saw, in upwards of twenty years' active practice in surgery, just such an one.

Here was to be feared two serious complications, unless averted; viz.: extensive sloughing of the entire two-thirds of the enveloping integument and adipose tissue of the arm, and possibly its consort, in shape of traumatic gangrene. So complete was the disconnection from the muscles, that an ordinary outlet would serve to allow of the introduction of air, and this would be fatal as far as these injured tissues were concerned. Arguing thus, it appeared clear to my mind that the aspirator was the instrument for

the purpose. It was accordingly applied, and some sixteen ounces of pure fluid blood was removed, which, although a goodly quantity, still did not appear to be scarcely half of what remained.

Deeming this a sufficient drain, particularly as the patient had marked symptoms of shock on his arrival, he was placed in bed, and lay dozing fitfully until the following morning. On recovering from the effects of the anesthesia, he begged to be relieved of the great suffering he was again undergoing.

The opening or puncture made by the trocar of the aspirator the previous night, was hermetically sealed with plaster. With a view to unload the parts injured of the remaining congestion and effused blood, the entire limb was immersed in water, as hot as could be borne; the plaster removed from the aperture, and thus the blood effused allowed to drain away slowly into the water. At occasional intervals other hot water was added, to keep up and maintain the flow of blood. It would not be exaggeration to state that, as much or more blood was thus removed during this day as was drawn in the first instance with the aspirator—in the aggregate, 35 to 40 ounces. The relief that followed the immersion of the limb in the hot water was immediate and marked, likewise gratefully acknowledged on the part of the patient. It was thus treated throughout the entire and succeeding day. During the night an occasional dose of *arnica* was administered, with a view to control the shock symptoms.

On the evening of the day following the accident the hot water bathing was discontinued, and the arm was dressed loosely, and kept wetted with hot arnicated water. Just here let me remark the value of hot baths and local applications in cases of severe contusions, sprains and jarrings. The soothing and comforting effects following their use is simply marvelous, and I could fill pages in enumerating and describing the experience I have had in its use. For instance, with a person who has been much jarred, shocked, contused, and the like, by a rail road collision or a runaway horse, results like these, if the means be at hand and properly applied, will bring prompt and efficient relief, providing, of course, there be no serious internal injuries; which, however, would not contra-indicate its use, but rather demand it.

Resuming now our subject. The patient was treated as last mentioned for a period of eight days with loose dressings, arnicated lotions, and a recumbent position on the back, with the limb slightly elevated at the lower end, and somewhat flexed. At the expiration of this time the limb was bandaged moderately tight, to assist the parts in overcoming the remaining tumefaction, the same treatment otherwise continued, and on the sixteenth day after admission the patient left hospital with complete restoration of the torn surfaces, no suppuration or other untoward symptom occurring. By exercise the usefulness of the limb returned, and thus terminated in complete success the most peculiar and extensive contusion, with internal laceration, so to speak, and no solution of continuity of integument without, that it has ever been my experience to witness. For the benefit of those who may be called upon to act in a similar emergency, and who may not be the possessor of an aspirator, I could conceive of a plan of obtaining the same, result by simply immersing the limb in hot water, and making an ordinary incision beneath the water with a knife, or a puncture with a trocar, permitting the effused blood to thus trickle away, being, however, careful not to allow the limb to be withdrawn from the water, and in this way preventing the entrance of air within the parts. The moment the hot water treatment is discontinued, the orifice should be at once sealed up; to exclude the air is the main point in the success which is desired.

Precisely twelve weeks from the day of this accident, this same person was again admitted, with a second and more terrible injury than the one just narrated. In this instance the man was caught between freight cars at a point some nine miles distant from Cleveland, the hips and thighs of both sides being the parts injured. The force of the injury was expended upon the lower abdomen, groin, upper two-thirds of corresponding thigh and buttock of right side, likewise fully one-half of left thigh, inner side, was involved. The unfortunate man thus pent up between two heavy forces operating from opposite points, had presence of mind enough, as soon as he saw his impending danger and retreat cut off, to make an upward leap with intent to save his hips from being crushed, which would undoubtedly have been the result had he not done so. This movement saved him from inevitable death.

As speedily as means at hand would admit he was again brought to the hospital. Examination revealed laceration and fearful contusion of the parts last named. Symptoms of shocks were of course apparent. A dose of *arnica* was the first thought, and was given. After a little waiting, and symptoms of reaction had set in, I ordered the administration of *anesthesia*, and finding, upon a careful examination, that the flaps and ragged edges of the wounds were much lowered in temperature, and beyond all possible power of saving or resuscitating, I conceived the idea, original to myself, of getting rid at once of all the devitalized parts, and not wait for them to slough, and also to run the risk of traumatic gangrene, which unquestionably would have resulted with such condition of affairs, and thus life would have been more jeopardized. The large amount of integument and sub-cellular tissue that compulsion made necessary to sacrifice, with this view of the case, was almost beyond belief. The operation and after-dressing completed, attention was now paid to the general condition of the patient. I cannot here go into detail on account of the great length of my remarks already, but will state that the symptoms of shock continued more or less for eight days, the patient alternating between a state of collapse and resuscitation. This condition culminated at the last mentioned time in a state of coma, subsultus of entire frame, sudden jerks of limbs, contracted pupils and cold extremities, very rapid pulse, 156, difficult and labored breathing, singultus, and all hope of his recovery was given over. Opium was now administered, homœopathically, at intervals of two hours, and after the third dose patient began to evince some consciousness, and toward evening rallied. No morning dressing was made on the day in question, as was the usual custom, for fear the patient would not survive it, requiring nearly two hours, and no less than four assistants to perform.

A daily advance has been made in the case, now some ten days since the period just referred to, and the patient is unquestionably on the road to recovery, but there will be a necessity for the reproduction of a large tegumental space that is now denuded, but granulating handsomely. Considerable time, patience and skill will be required to restore the parts to usefulness again. Of this more anon. The main points embraced in the report of these two cases are: 1st. The

extent of the injuries in both instances, and prompt effect and successful result obtained by the use of *bromine*—the first named being an apparently hopeless one, on account of traumatic gangrene ensuing. 2d. The results obtained from the anaplastic or grafting method. 3d. The unusual and remarkable character of the arm injury, and the good results obtained by the timely use of the aspirator and proper after-treatment. 4th. The novelty of the method adopted in meeting the exigency of the last case and second accident, by the immediate removal of the devitalized flaps in preference to waiting for the usual suppuration and gangrenous processes to effect; anticipating nature's more tedious and risky process as it were, viz., by suppuration, sloughing, and gangrene.

COLICA PICTONUM.

BY WILLIAM F. DECKER, M.D.

(House Staff, Homœopathic Hospital, Ward's Island, N.Y.)

WILLIAM E. R., æt. 45, admitted to hospital May 2d, 1876, when he gave the following history: Is a cook by trade, but being unable to obtain employment as such, became engaged in a paint manufactory, where he was employed in the drying rooms until five weeks ago, when he was taken with symptoms of lead colic. During this time he has been under allopathic treatment, and was taking (as per letter from his physician) when admitted *xxv gtts. nujendies sol. morphicæ*, every three hours, together with *hyperdermic* injections of the same, at frequent intervals, without benefit; in fact, he says he is much worse now than at any time during his sickness.

Was so weak and emaciated that he had to be carried to the ward. Very restless, and writhes about in the greatest agony from the griping pains in abdomen, the walls of which are very much contracted, with excessive sensitiveness on the least pressure. Great anxiety, and fear of death. Very thirsty, but water nauseates and aggravates the pain. Tongue dry and red at the tip. Skin dry and hot. Entire loss of appetite. Pulse small and weak. Urine dark red, scanty and passed with difficulty and pain. Stool every half hour, watery, greenish and mixed with hard lumps of feces, with tenesmus. Bluish-gray line about gums. Foul taste in mouth, with continuous and painful retching. *℞ Arsenicum*, 3d, every half hour.

May 3d. Very much better. Had about three hours sleep during the night, which is the first natural sleep he had since he became sick.

℞ Arsenicum, 3d, every hour.

May 4th. Pain, thirst, diarrhœa and retching have ceased; the abdomen is normally relaxed; appetite very much improved, the food being retained by the stomach without nausea. Slept during the whole of last night. *℞ Arsenicum*, 30th, every two hours.

From this date he continued to improve rapidly under *ars*. 30th. Was soon able to sit up, then to walk about, gradually gaining strength and flesh, and was finally discharged May 28th, entirely recovered. He expressed himself as thankful that he had received such great benefit from his change of treatment.

CLINICAL REPORT.

BY A. P. WILLIAMSON, M.D.

(Member of House Staff, Homœopathic Hospital, W. I.)

J. O., æt. 50, is a large muscular man and has always been healthy; in fact he says that he was never before under a doctor's care. On the 1st of April last he was taken suddenly with agonizing pain in the occiput, dull yet severe in character, with great sensitiveness of the muscles of the neck. This pain in the occiput was ameliorated by steady pressure; but owing to the tenderness of the cervical muscles, it could not be borne. He also complained of a sensation as if something were being pushed up the back into the head, and occasionally a shooting pain would start from the occipital protuberance, pass around the head into the ears, accompanied by humming noises in the ears. His pulse was 80, full and strong, face flushed dark red, with a besotten semi-anxious expression of countenance; feels drowsy and dull, with chilly feeling in the back; cannot lie on left side; great thirst. *℞ gels.*, 1^x.

2d. Pain in the head much better; chilly feeling gone. Patient perspired profusely just after daylight this morning; muscles of the neck still tender. *Gels.* continued.

3d. Headache improving, perspiration continues, soreness of the muscles better. He can now lie on the left side without pain, and the anxious, care-worn expression of countenance is passing away.

4th. Pain and stiffness in muscles of the neck entirely gone. Noises in the ears decreasing. A feeling of fullness and throbbing in the head began this morning, with a sensation of weight in the vertex, and bright sparks before the eyes, with photophobia; appetite good. *R Bell. 30.*

5th. Throbbing in the head gone, no photophobia. No occipital headache or soreness of muscles.

6th. *Discharged cured.*

INTERMITTENT FEVER, QUOTIDIAN TYPE.

AUGUST 15th. D. W., æt. 30, has been working on the docks in East River for two months, has never suffered with chills until five days ago, when he was suddenly attacked after being in swimming. He had a very severe paroxysm that evening, and since then has had one every night. They always come on between seven P. M. and one A. M., but not at a regular hour. The chill may or may not be the most severe part of the paroxysm, sometimes there is only a chilly feeling, or the chill and fever are mixed, and again the chill appears subsequent to the fever. The fever is just as irregular as the chill, both as to severity and time of appearance. The sweat is always present, but is subject to the same peculiar variations as the chill and fever. Thirst, either before or during the chill; the face and conjunctiva are quite yellow, soreness and tenderness exists in the region of the spleen, accompanied by slight enlargement of that organ. The paroxysms are always followed by great exhaustion. *R China, 3.*

18th. For three nights past the chills have been more regular in the time of their coming, each lasting about one and a-half hours; the fever also continues about the same length of time, and is followed by sweat, which last still longer, and is more severe. *China 3* continued.

19th. Last night the whole paroxysm was much lighter, both in continuance and severity, and the patient is not so exhausted in the morning.

22d. Had no attack last night.

23d. Another night passed without chills, pain in side better, feels much stronger. *China 3* continued.

24th. Has had no chills since night of the 21st; feels as strong as ever.

26th. *Discharged cured.*

NECROSIS, GANGRENE AND DEATH, FROM PULLING OFF A TOE NAIL.

BY JOHN H. THOMPSON, M. D.

N. B., a very robust and healthy man, aged 59, came to me February 8th, 1876, for treatment. He stated that he had been in the habit of tearing instead of paring his toe nails, and that thirteen months previously he had pulled the whole nail off of the fourth toe of his right foot, and had never been able to make it heal since. On examination with a probe, I discovered that the bone was diseased, and advised its removal, which was consented to. Accordingly, on the 16th of the same month, I removed the bone constituting the third phalanx of the toe, leaving the soft parts. Ether spray was used locally instead of complete *anæsthesia* by inhalation.

The toe was not frozen, sensibility returning before the operation was half completed.

Carbolic acid and glycerine were used as a dressing, and he seemed to be doing very well until the 20th, (four days after the operation,) when I noticed a dry gangrenous spot on the toe. I ordered hot flaxseed poultices, with carbolic acid and glycerine continued, endeavoring to secure circulation, and gave *arsenicum* internally every hour.

21st and 22d. The gangrene increasing in extent, involved the entire toe. Applied charcoal poultices and gave *arsenicum* and *carbo. veg.* every hour alternately. The patient was cheerful, but suffered much pain and could not sleep.

23d. A suspicious spot appeared on the foot, half an inch above the third toe. This spot became gangrenous in a few days, in defiance of all treatment. I was obliged to give him five-drop doses of Magendie's solution of *morphia* in order that he might obtain rest.

In consequence of my being confined to the house for a fortnight after this date, and the patient living out of town, he passed out of my hands, but the case was so interesting to me that I determined to learn the result, which in short was that the gangrene continued to spread over the entire instep.

Amputation was performed near the ankle, but gangrene attacked the stump, and he died on the 14th of July.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

OUR HOSPITAL.

BELIEVING that every true Homœopath feels a vital and abiding interest in the new Homœopathic Charity Hospital on Ward's Island, and that, in some degree, a sense of "ownership" pervades the popular homœopathic mind, we feel justified in heading this article with the euphonious title, "Our Hospital." This institution has just entered upon its second year of existence. Through storm and trial, through doubt and fear, this new-born enterprise has pushed its way to a position of unquestioned usefulness and marked prosperity. And now the time has arrived when a brief retrospect may, with consistency, be indulged in. While it would not be fair or considerate to enter into invidious or hypercritical comparisons, yet a plain statement of the work performed, and results accomplished, in this hospital during the past twelve months, together with appended extracts from the reports of our most successful sister institutions, will, we are certain, be scanned with interest by every impartial reader. By such reference to our own and other hospital "log books," our progress, on high seas medical, may be discovered, and our seaworthiness established.

On the 10th of September, 1875, the Homœopathic Hospital was formally opened; and on

the 15th of that month our first patient obtained admission. From that date to the 30th of September, 1876, there were admitted to our wards 2,444 patients. These have been treated, carefully and conscientiously, on strict Homœopathic principles. 157 patients have died. The "death-rate" has been .0642 per cent. of the whole number treated. The cause of death in ninety of these cases was that almost uncontrollable scourge, *Phthisis*. Over 57 per cent. of all deaths in the hospital have resulted from that fatal disease, whose simple name strikes dread to the heart, and whose various and Protean forms are vainly combated by medical skill. The percentage of deaths from all other causes has been but .027 per cent.

Let us now glance at the reports of a few contemporary institutions, existing under the skilled management of our old school brethren. In Charity Hospital, on Blackwell's Island, (one of the largest and best managed hospitals in this country,) during the year 1875 there were treated 10,075 patients, of which number 711 died, or about .07 per cent. In the Pennsylvania Hospital statistics for the year 1874-75, we find that "of the patients discharged, the proportion dead was .0745 per cent." There were, however, 1,974 patients treated in this hospital during the time mentioned, inclusive of those not discharged, and 134 deaths; thus giving a percentage of .0678 on the aggregate. Since the establishment of Penn. Hospital in 1752, down to May, 1875, there were admitted 94,210 patients; and of this number 8,834 died, or .093 per cent. of all who were treated.

In the Boston General Hospital during the first year of its existence the death-rate was about .09 per cent. Afterwards, through favoring fortune, the acquired skill of experience, and the introduction of the best known hygienic measures, the death-rate was reduced to about .0675 per cent.

Thus it will be seen that while we were groping our way through the darkness and uncertain-

ties of inexperience which environed our footsteps during the first year of the Homœopathic Hospital's existence, and while this institution itself was yet in its swaddling clothes, our treatment of patients in hospital wards, under the law, "*similia*," in so far as the death-rate is concerned, rivaled successfully the methods of treatment in vogue among our older and more experienced compeers.

It may, perhaps, be claimed that a moiety of our success is due to the fact that a portion of our wards have been occupied by insane patients, and that these do not "die off" as rapidly as those suffering from other affections. Against this objection we fling more "statistics." At the New York City Asylum for Insane, during the year 1874, there were treated 1,015 patients, of which number 124 died, showing a death-rate of over 12 per cent. The Pennsylvania Hospital for Insane, in 1874-75, treated 351 patients, (most of whom were *paying* patrons of the institution, and consequently from the better classes,) with a loss by death of 29, or over .08 per cent. Thus it will be seen that the death-rate is likely to be even higher among insane patients than among those afflicted by other and ordinary types of disease.

Another point of interest concerning the Homœopathic Hospital is the *very moderate cost* of supporting our patients; while at the same time a diet, excellent in variety and abundance, is furnished. The daily *per capita* expense for maintaining our inmates during the past year has been but *twenty-four and one-half cents*, while at other similar institutions in the same department, it ranges from about 28 cents to 36 cents per day for each inmate. The above estimate includes the cost of provisions, clothing, bedding, fuel, lights, drugs and liquors, salaries of officers and attendants, etc. This low expense rate has been reached by strict economy and prudence; no useless outlay having been indulged in upon any pretext whatever. Still, the wards of the hospital have been gradually fitted up and

furnished with needed appliances; instruments and apparatus have been procured; and throughout the building many repairs, imperatively demanded, have been judiciously made. The institution is now in such good working condition that a still further reduction of the running expenses, during the year to come, may reasonably be expected.

In this "experiment" with a public charity hospital, under homœopathic auspices, two facts have been demonstrated: first, that a very moderate death-rate may be attained by homœopathic treatment, even under unfavorable and discouraging circumstances, such as the reception of a large number of chronic and almost hopeless cases; and, secondly, that a reduction of cost in maintaining pauper patients by the city may be secured to the minimum of reasonable expectation. This latter is due in a measure to the very limited use of liquors of every kind, and the strikingly moderate bills incurred for drugs.

It is to be hoped that a careful attention to the minutest details, and the closest watchfulness over its every interest by those having in charge the important work of managing this hospital, will secure for it a continued career, bright as the promising morn of its first year's life. And that it may be able to retain an exalted position in the field of public charity, "*quamdiu se bene gesserit*," is the prayer of every well-wisher of this hospital of "ours." T.

WATERING-PLACE DOCTORS.

WE are very much pleased to be able to lay before our readers the article found elsewhere on "Watering-place Doctors," because, as the gentleman states, he belongs to that class himself, and therefore is acquainted with the facts in the case. His article we agree with in many particulars, but unfortunately it does not in a single point invalidate a word of what we have written. We still say, that any physician when

called upon to treat a patient, *anywhere*, whether at a hotel or in the street, is bound to do so, and having done so, is entitled to a fair and reasonable fee. But we still maintain that advertising himself as the regular hotel doctor, is unprofessional; that charging \$75 for three or even four visits, is a most exorbitant fee; and that, moreover, there is a great injustice done to the so-called country practitioner by city physicians monopolizing hotel practice. Once more, also, we assert, that the rural practitioner is often better acquainted with the diseases of his district than the *perhaps* more scientific city physician. We certainly know of a case wherein a gentleman who thoroughly poisoned his legs by walking in a swamp, and who was treated by the regular hotel physician, (a man well known in the profession,) without benefit, (in fact the symptoms grew worse,) who was radically cured in less than one week by the resident physician of the neighborhood.

We would offer here, in conclusion, a short extract from a long editorial from an old school journal, bearing date Sept. 23d, merely to show the feeling on this question among the other school. The editor writes: "We have fyet to learn that these hotel physicians, as a class, are any more competent than the resident practitioners of the neighborhood. If so, what guarantee have the guests of the hotel of his proficiency, in the absence of a well-earned professional reputation in the metropolis? Most of the selections are made on friendly considerations by the hotel proprietors, and there is a direct business understanding that the said proprietors will make themselves responsible for the fees of the guests by adding them to the board bill. There is also an understanding always implied, but not unfrequently expressed, that every effort will be made by the hotel proprietors and their attendants, from the 'gentlemanly' clerk to the boot black, to throw all the possible business of the house into the hands of the regular 'hotel doctor.' This practice cer-

tainly gives great reason for complaint on the part of the physicians resident in the neighborhood, against what they have a right to look upon as an unwonted professional monopoly. It is radically wrong, decidedly unprofessional, and positively dishonorable, for any medical man to lend his countenance to such practices, even in ever so indirect a manner, to those who, in a business way, desire to be his friends."

Let us conclude then with our own words, as contained in our former editorial. What we "wish to deprecate in the strongest terms is the *systematic preparation* which is made to obtain patients. The unprofessional method of *soliciting patronage*; the system of overcharging, which is often outrageous, and the injustice which is *frequently done the resident physicians of the locality.*"

Correspondence.

"WATERING-PLACE DOCTORS."

Messrs. Editors:

YOUR editorial, under the above heading, as well as the article in the *Record*, and the letter from "G. R. Umber," to which you refer with approval, contain only a small modicum of truth.

As one of those wicked "watering-place doctors," thus held up to the scorn of all right-minded men, I claim the right to show, in your journal, that your strictures are both *unfair* and *unjust*.

The writer in the *Record*, (as I happen personally to know,) stated, as facts, things that are utterly untrue. But let those of his own school, who have been thus unjustly accused, take care of themselves, as they are abundantly able to do. I am concerned only with yourselves and your correspondent.

That medical practice in watering-places *may* be conducted dishonorably, as well as anywhere else, is a self-evident proposition, but that, as a rule, it is so conducted—that it is unprofessional to go to a watering-place for the *purpose* of practice—are the grounds upon which I take issue with you.

With your correspondent I take issue on the ground of what he and you term "exorbitant

charges." So far as the rest of his letter is concerned—his four points—they apply as much to the profession at large as to me, and that I am not at present attempting to defend.

As to your editorial, I have to reply:

First. That I fully agree with you except as regards "*the injustice done to resident physicians*"—the statement that *residents* are more competent to treat diseases arising at our summer resorts, because such diseases are "*endemic*"—and lastly, the assertion that it is unprofessional to go to a watering-place for the *purpose of practice*.

Your first proposition is based upon the premise that, if city physicians did not thus conduct themselves, the sick would apply for relief to local practitioners.

That premise I do not admit.

You grant that a physician who is present for purposes of recreation may properly attend a case, if called upon, and charge suitable fees. Now can you name a watering-place where city physicians do go for the purpose of practice, where city physicians are not constantly present for purposes of recreation? I have had three years' of experience of this kind, and, in the large hotels of the town, this class has been constantly present in throngs. Nor did I ever know one of them to decline attendance upon a patient. How then is the resident physician better placed in the one case than in the other?

It makes little difference in the argument, or in fact whether country physicians are as competent as their city brethren, so long as the traveling public *think* they are *not*, as they, for the most part, certainly do. But there has been so much nonsense written and spoken upon this point, that it is worthy a moment's consideration. If wider experience, hospital and dispensary training, and attrition with the best minds in the profession, are of no value, then the country practitioner, of equal natural ability, *is* as capable as his city brother.

Is the country merchant the peer of the city merchant? Is the country lawyer the peer of the city lawyer? Are the country clergy the peers of the city clergy? Common sense and common opinion answer—certainly not. "Comparisons are odious," I know, but this is a true one, and doubtless, your own opinion, Messrs. Editors, coincides with mine.

Again: It is one thing to theorize upon a sub-

ject, and often quite another to know its practical workings. Let us see how this matter really stands.

Suppose a case of sickness in one of the hotels under consideration; word is sent to the office for a physician, homœopathic or other, as the case may be. Most often inquiry is made whether the office is aware of the presence of any prominent physician from our great cities in the house or in town. Such are known and named, not seldom the names of residents are also given. If it be not always so, it is because "a prophet is without honor in his own country," or because, in common with the rest of mankind, the proprietors believe the city physician is *likely* to be the best.

Now even if residents and non-residents are alike named, in nine cases out of ten, the patient himself desires the city physician. "G. R. Umbler" probably would, and, whether resident or transient be chosen, if the case seem at all severe, "G. R. U.," and his class send off, as fast as electricity can travel, for their own special medical deity, who throws down pestle or pellets, and hastens to the rescue. Has "G. R. U." no fat fee to pay in such a case? Do not the "overcharges" of the hotel physician sink into insignificance now? And do not you, who stay at home, and hold up your holy hands at such as me, well know that most commonly your services are entirely unnecessary? These cases are "*endemic*," gentlemen! Stay at home, and let the "*more competent*" residents treat them.

Secondly. How about this "*endemic*" peculiarity of watering-place diseases, which you editorially claim? How long, think you, a watering-place would exist, as such, if it were prone to "*endemic*" disease? Are you not a trifle disingenuous, Messrs. Editors; or are you really ignorant of the facts? City people have city constitutions, and are liable to city forms of disease. They therefore need city physicians. How much experience have country physicians in the treatment of gout, of the nervous diseases which are rife among city folk, of the hundred and one complaints which are engendered by city life? The truth is, that diseases in our watering-places are nearly always "*sporadic*," and, if "*endemic*" at all, are so to city life. This is the rule to which there are only isolated exceptions.

Whatever, your *theory* may be, my *experience*

shows that at least three-fourths of the cases of sickness at summer resorts are due to a chill or to an imprudence in diet. Do you class such cases as "endemic"?

Thirdly. You claim that it is "unprofessional" for the city physician to go to a summer resort for the *purpose* of practice. I think I have disposed of this matter, so far as "interference with residents" is concerned. They have their fields of practice, like other country physicians. We do not interfere with them, and so far as travelers are concerned, they get just as much of that class of practice as they would in any case.

What other basis have you for your charge? I can conceive no other than this—that it is wrong for the physician to go where he can make the most money. If this be so, Messrs. Editors, you ought at once to abandon New York, and devote yourselves to the most obscure localities. I think I *see* you going!

He who pursues any profession *ONLY* to make money, degrades it to a purely commercial basis. But where the doctor can cure the most, and, therefore, most benefit humanity, he will of course receive the most for his services. Just so the clergyman, who can wield the most powerful influence over the most men to make them better, properly receives the most salary. For honor, bright and true, in all professions, I stand as firmly as you; but there is no slight amount of mawkish sentiment concerning certain things in both our own and the clerical profession, which you should assist in crushing—not cherishing.

A few words in closing for your friend "G. R. U." Had he employed a "resident," he would have found his bill no smaller; for they quite well understand city fees, and quite as well know how to apply them. Let him try that course next summer, and let us hear from him then. Or, should he be taken ill next season at Lake George, or the Profile House, or Saratoga, let him send for you, from your city abode. When he gets your little bill, he will change his initials to H. Umblar, and growl less—or more, perhaps. If he has not the sense to return the unasked-for prescription to the cheat who approached him, with word that he does not desire it, he deserves to be swindled.

But, seriously, are the charges of watering-place doctors "exorbitant?" I believe they correspond fairly with the general scale of prices

at such resorts, and are perhaps even lower than that. "G. R. U." intimates that he has been charged twenty dollars for a single prescription which he did not need. He does not say it is a fact—nor do I believe it to be a fact. If it were, there could be no difference of opinion about the matter.

At the large watering-place, where I practice during the summer, the customary fees are five dollars per visit—prescriptions in proportion. These are the rates of both hotel and resident physicians, and, I believe, do not vary much from the rates current in New York city. Are such charges "exorbitant?" If you think them so, your strictures ought to fall most heavily upon the resident physicians. City charges are always higher than those in country districts—and why? Because the expenses of living are higher, and because the greatest ability is found in cities. Now at our watering-places, surely, the hotel doctors' expenses are the larger. Please excoriate the residents next time, Mr. Editor.

Now, if I have correctly stated the facts as to the demand for city physicians in the places under consideration; if it is true (as I know it to be) that guests from New York, for instance, will not trust resident physicians, preferring even to send to the city for their own adviser, how can bills of—say one hundred dollars a week, in severe cases, be called "exorbitant," when one of you, Messrs. Editors, would charge as much or more than that for a single visit to these grumblers from your city house? There is a demand for city physicians in our watering-places, and it will be honorably furnished you may be sure.

"CITY PHYSICIAN."

THE NEW YORK OPHTHALMIC HOSPITAL for Eye and Ear, corner Third Avenue and Twenty-third street.—Report for the month ending September 30th, 1876: Number of prescriptions, 2,186; number of new patients, 339; number of patients resident in the hospital, 27; average daily attendance, 84; largest daily attendance, 129. Alfred Wanstall, M. D., Resident Surgeon.

THE semi-annual meeting of the Homœopathic Medical Society of the State of New York was held at the Old Court House, corner of Clinton and Ellicott streets, Buffalo, on Tuesday, Oct. 10th, 1876.

Medical Annotations.

A SENSIBLE PRECAUTION.—When lunar caustic is used in the oral cavity, and towards the tonsils and larynx, fears may be entertained that the stick may break, and cause dangerous symptoms. To make such an unpleasant accident impossible, Dr. Mettenkelmer places the caustic in a little bag of gauze, through the meshes of which the former acts completely, the escape of the stick being effectually prevented. Of course the gauze should be changed at each cauterization, as the meshes are liable to get obstructed by moisture, and even to be destroyed by the caustic.—*London Lancet.*

A NEW FORM OF PESSARY.—A new form of pessary, and one worth notice, consists of a watch-spring, coiled spirally, with the extremities left free; this is encased in caout-chouc, and in its external appearance resembles many of the various ring pessaries at present known. The advantage of this pessary will appear by reference to the engraving on the left, where it is shown collapsed for facilitating its introduction; when *in situ* it expands to the circular form, as shown on the right of the figure, or assumes such other shape as may best accommodate its contact with surrounding parts. The pessary is made in sets of three, and has the additional merit of being inexpensive.—*Braith. Retrospect, July, 1876.*

REMOVAL OF A BUTTON FROM THE BRONCHUS.—An eminently successful and novel method was resorted to on great emergency, for the removal of a button from the left bronchus of a lad at the London Hospital, on the 12th of May. The patient, aged thirteen, had accidentally slipped the button into his trachea on April 23d, where it had remained without producing very serious symptoms until May 11th, when it fell into the left bronchus, producing symptoms of collapse of the lower lobe of the lung. Mr. Maunder having performed tracheotomy, first inverted and shook the patient, but with no success; he then placed the patient on his back, and pressed through the wound into the left bronchus about seven inches of looped silver wire, and was successful in withdrawing the button, together with a quantity of muco-purulent matter. The patient's urgent symptoms rapidly disappeared, and he is at present doing well.

AN IMPROVED APPLIANCE FOR BLOODLESS OPERATIONS.—Many surgeons who practise bloodless operations must have noticed the inconvenience of Esmarch's bandage in these points, viz., there is some trouble in adjusting it at the commencement of rolling, more in fixing it when the limb is rolled, and a tourniquet or extra band is necessary to control the main artery. Mr. H. L. Browne, surgeon to the West Bromwich Hospital, proposes the following appliance to remedy these defects. It consists of wooden plugs and elastic india-rubber rings of different sizes and thickness. A suitable ring is chosen, rolled along the limb, and over a plug placed on the main artery. The blood is thereby entirely compressed out of the limb, and is kept out as

long as is wished. Round the wrist, ankle, fingers and toes the pressure of the ring alone is sufficient. It may be used as an ordinary tourniquet by stretching instead of rolling the ring over the limb and plug. The rings are made of six sizes, and the plugs of three.

A KNIFE-BLADE LYING FOR YEARS IN THE PLEURAL CAVITY.—Dr. Bleiweis mentions in the *Memorabilia*, first part of 1876, that a prisoner in jail, of Laibach, died after a few months' illness, without presenting any striking pectoral symptoms, save hæmoptysis and fetid smell from the bronchi. The disease occurred after four years imprisonment, and seven years after a scuffle in which the prisoner had been stabbed in the back. On a *post-mortem* examination, tubercular cavities were found in the lungs; and whilst the gentleman, busy with the autopsy, was endeavoring to loosen the adhesions of the left lung, he exclaimed that he had cut himself, and found his finger bleeding. On carefully examining the pleural cavity, a knife-blade was discovered, three inches long and half an-inch wide. It was jammed between the third and fourth ribs, just by the inner border of the scapula, the edge lying toward the lung. The blade was very rusty, and surrounded by a cyst, formed by the thickened pleura. As stated above, it must have lain in the chest at least seven years, and the patient never mentioned anything connected with the stab.

HYDROCELE.—In boys and men there are occasionally encysted hydroceles of the testes, or the cord, which continue to increase in size, or in which treatment is urgently requested. In such cases, except in early infancy, acupuncture or the use of a fine trocar often fails to cure. The walls of the cysts are usually thin, and collapse so much when their contents are withdrawn that the injection of a fluid is uncertain. The end of a canula may be outside the cyst, and the iodine solution be consequently injected into the connective tissue at its exterior. In such cases, the following is a reliable method of treatment: The cyst being well isolated, made tense, and brought near the surface, I pass through its centre a stout needle, armed with silk, and leave the threads hanging. The fluid quickly oozes away, especially if a little traction be made on the threads. I then, at one opening, with iodine liniment (liniment, because the quantity required is so limited,) and draw the threads so as to leave the moistened portions within the cyst. A little gentle friction will help to spread the iodine thoroughly over the lining membrane of the cavity; an hour later, freshly moistened portions may again be drawn through if the cyst be large, or if other methods of treatment have failed. On the other hand, in a very small cyst, a single thread, moistened and kept in one hour, will suffice.—*Retrospect, July, 1876.*

THE PRESERVATION OF ICE AT THE BED-SIDE.—For some years it has been the practice of Dr. Sampson Gamgee to cut a piece of flannel about nine inches square, and secure it by ligature around the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its

depth. In the flannel cup so constructed, pieces of ice may be preserved many hours,—all the longer if a piece of flannel, from four to five inches square, be used as a loose cover to the ice-cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it, and the ice is thus kept quite dry. When good flannel, with close texture, is employed, a small hole must be made in the bottom of the flannel cup; otherwise it holds the water, and facilitates the melting of the ice, which is, nevertheless, preserved much longer than in a naked cup or tumbler. A reserve supply outside the bed-room door can be secured by making a flannel cup, on the plan above described, in a pitcher, and filling it with little lumps of ice, care being taken that there is space enough below the bag to allow the water to collect and leave the ice dry. This provision will allow ice to be used during the hottest nights without the supply failing, or the patient being disturbed—two very important considerations. The real therapeutic benefit of ice is only produced in some cases by its free use, and its soothing and stilling effect must be aided by the most perfect surrounding quiet.

NELATON'S INVERSION METHOD IN A CHLOROFORM ACCIDENT.—On July 7th, while performing Amussat's operation on a thin, delicate and much exhausted patient, my attention was suddenly drawn to the fact that the respiration and carotid pulsation had ceased. I tried to feel the beat of the heart, but failing to do so, immediately seized the patient round the waist, inverted her, and kept her thighs bent over my arm and her head hanging downwards. I then directed my colleague in the case to imitate respiration by compressing the chest at intervals of about five seconds. Looking back now at the case, it is probable that pulsations began to be felt at the root of the neck in about two minutes after she was inverted, but it seemed to me like a quarter of an hour; and it must certainly have been fully five minutes before she resumed respiration independent of assistance. I kept her in the inverted position for about five minutes longer. Any one who has seen death from the uncomplicated action of an anæsthetic must know how useless are the directions for galvanic batteries. Such appliances are sure to be out of order when most needed, and the benefit to be derived from them, even when they act, is very problematical. The cases narrated by Dr. Marion Sims, were enough to convince me that the inversion method, whatever may be the theory by which its success is to be explained, had rescued patients from impending death, and I am convinced that it saved me from the loss of the patient whose case I have narrated. Since July I have used nothing but anhydrous sulphuric ether for operations, and though it is far from being so convenient as chloroform or mythelene ether, I think we are not justified in using any other anæsthetic, save in the cases of young infants and pregnant women, amongst whom no chloroform accident has yet been recorded.—*Lancet*, Feb., 1876.

ON THE DANGERS TO THE EAR OF BREATHING BY THE MOUTH.—At the International Medical Congress in Brussels, in 1875, Dr. Guye read a paper in the Otological section (*Archiv. für Ohrenheilkunde*, February 4, 1876), on the dangers to the ear of breathing by the mouth. According to the author, the habit of breathing by the mouth, frequent among deaf people, is a very pernicious one, and he is much surprised at the almost entire absence of papers on the subject. Respiration by the mouth, which is easier than respiration by the nose, cannot with safety be substituted for it, as nasal respiration answers certain requirements which oral breathing cannot supply. The function of the nose in respiration is three-fold: 1. The olfactory sense secures it against the entrance of impure air. 2. The moisture of the nasal passages gives a certain degree of aqueous saturation to the inspired air, the contact of which is thus rendered less irritating to the mucous membrane of the throat and larynx. 3. The inequalities of the organ retain solid particles suspended in the air, which is proved by the quantity of dust sometimes found accumulated in the nostrils. These advantages are absent in respiration by the mouth. The contact of the dry air soon produces circulatory troubles in the pharyngeal region, and even an habitual catarrh, susceptible of easy transmission by continuity to the Eustachian tube and cavity of the tympanum. Granular or adenoid pharyngitis often has this origin; in support of his opinions the author adduces the authority of Dr. Paul Niemeyer, of Magdeburg, who considered that the attacks of pseudo-croup, to which children are often subject during the first hours of the night, had their origin in dryness of the glottis, produced by oral respiration. To obviate this inconvenience, the principle object was to restore the nose to its proper condition, and for this purpose it is important to oblige the patient to breathe by the nose, as we cannot rely on the will of the individual, especially if a child. Dr. Guye proposes to produce occlusion of the mouth by a little instrument of the shape of the respirator, but differing from it in this essential particular, that it is entirely impermeable to air. This "contra-respirator," as the author calls it, constitutes a simple and easily-applied means which has produced excellent results in Holland. Dr. Guye cited cases of catarrhal deafness which he had completely cured by this means alone, without any other treatment. (The danger to the Eustachian tube of breathing by the mouth was recognized by Mr. Toynbee, who, in his work on the Diseases of the Ear, in speaking of the treatment of obstructions of the facial orifice of the eustachian tube by thickened mucous membrane, advised the patient to practice nasal respiration.—*London Medical Record*, March 15, 1876.

NEW YORK, Sept. 16, 1876.—To Editor of HOM. TIMES: The *Grindelia* "scurrosa," proved by Dr. Bundy, noticed in your last number, is a form of *Grindelia Robusta*, Nutt., under which name it must be introduced to the *Materia Medica*. T. F. ALLEN.

Bibliographical.

THE PATHOLOGY AND TREATMENT OF CHILD-BED: A TREATISE FOR PHYSICIANS AND STUDENTS. By Dr. F. Winkel, formerly Professor and Director of the Gynecological Clinic at the University of Rostock. From the second German edition, with many additional notes by the author. Translated by James R. Chadwick, M. D., etc., Harvard University. Philadelphia: H. C. Lea. 1876.

The science of Medicine is greatly advanced by the reliance on principles deduced from facts; on these grounds the treatise under review is a valuable one. Previous to the issue of this translation there has been no complete treatise on the subject in the English language; Barker on the "Puerperal Diseases," is a valuable book, full of practical points, but sadly deficient in pathology; besides this one, we know of no attempt to treat the subject fully. Nearly every text-book on midwifery purports to teach the student the management of a case, from the time of impregnation to the time the woman rises from the confinement bed. But while all the phenomena of gestation and labor are ably and profusely treated of, the care of the mother, through the puerperal month, is brushed over lightly, in a few pages only. It is this gap in the subject that the present treatise proposes to fill; how well we shall see.

We shall take up the important chapters *seriatim*, and glance at the leading points. The introduction takes up some three pages; in it the author writes on the normal condition of the external and internal genitals in childbed. He states, that "the period in which the almost complete return of the uterus to its former size is perfected, seems to extend to the end of the second month," (p. 18,) a fact not generally appreciated by the profession.

The introductory chapter is one of the most valuable in the book, it is replete with practical points; in so short an article as this we cannot pretend to notice all of them, but one point respecting the lacteal secretion cannot be passed over without remark. The author states: "If the child be not nursed, the supply of milk soon fails, and from the fifth to the eighth day the breasts become softer and more shrunken, until

at length—it may be after weeks—the secretion entirely ceases." (p. 20).

The practical bearing is this: that there is no necessity to strap the breasts, rub on *ex. belladonna*, etc., etc., to check the flow of milk, as the breasts, left to themselves, will not secrete milk; the glandular elements, if not stimulated to action by the sucking child, will not secrete to any great extent. In a leading institution in this city this idea has been carried out with women delivered of still-born children, for a long time past, and with better results than where straps, etc., were used; where the lacteal secretion has not been excited by the infant no treatment is necessary.

Chap. I. treats of "Leisons of the Pubes and Vaginal Orifice." Rupture of the perineum is taken up exhaustively; the anatomy of the parts, the symptoms and etiology, are given in a very clear manner.

The subject of lacerated perineum is a favorite battle-ground for authors, and the mere mention of the name at any society meeting will set up the most acrimonious discussion. The theories of its etiology seem to multiply in the *inverse* ratio to the number of midwifery cases attended; old obstetricians of large practice having the least to say, while the recent graduate is "slopping over" with theories of its cause, how to "support the perineum," etc., etc.

The perusal of the chapter on this subject will, we think, enlighten many a darkened mind; it is a truly valuable chapter. The author divides ruptures into three grades; the first grade includes ruptures involving only the integuments and superior perineal fascia; the second, the perineal tissues down to the sphincter ani muscle, while the third grade includes all ruptures through the sphincter. This is a very good division, and not made before by any author, to our knowledge.

The percentage of ruptures is given as follows: "summing up all the perineal ruptures that have come under my notice, including those not exceeding one-half an inch in length, they do not amount to ten per cent. of all deliveries," (p. 56.)

We think this percentage much too low; on primiparæ thirty per cent. would be nearer the mark, if ruptures of the fourchette and posterior commissure are included.

The physician who states that "he never had

a torn perineum in his practice," (as we heard an eminent practitioner remark), is either stating what is not true, or he is not in the habit of examining the perineum after labor. A careful examination of the perineum after labor, with a good light and with the aid of a little sponging, will, we think, convince the profession that the estimate of thirty per cent. is none too high.

The different forms of fistulæ and the displacements of the vagina and uterus, are treated of in the next succeeding chapters. Hemorrhage is taken up in chap. II; some of the causes of uterine hemorrhage are given as follows: deficient involution, thirty per cent.; retained fragments of placenta and membranes, ten per cent.

The treatment of this dread complication of labor does not differ from that practiced in this country.

Inflammation of the genitals is treated of in chap. IV.

Physicians hunting for a good article on phlegmasia dolens, will be rewarded by finding the admirable description given in chap. V, the most recent pathological views are given at length; the disease is divided into (1) phlegmasia dolens *with* thrombosis of the veins, and (2) phlegmasia dolens *without* thrombosis.

Chap. VI takes up the infectious puerperal diseases and septic diseases; in chap. VII may be found the "etiology of puerperal fever, with an historical sketch."

The writer holds that puerperal fever "is an infectious disease, originating as an endemic in lying-in establishments, by direct transfer of infectious matter from one to another," he does not think it an essential fever.

Section 2 treats of the puerperal disease of the breasts; here the pathology and treatment of fissure and the different forms of glandular disease are taken up and discussed in a clear and practical manner. Milk fever (so called) is styled a "symptom of diverse circumstances."

Section 3 is devoted to affections of the urethra and bladder; affections of the ligaments; neuralgia and paralysis of the lower extremities.

Chap. IV is devoted to eclampsia. This important subject is gone over with great minuteness; the author finds that it occurs in primiparæ in the great majority of cases, 3.3 primiparæ to 1 multipara. He rejects the uremic theory, the carbonate of ammonia theory and the albuminuria theory of Traube, but states

that the chief lesions are in the brain, which is almost always anæmic and œdematous, very rarely hyperæmic, and even more rare the seat of capillary hemorrhages. The kidneys in 85 per cent. are found healthy, and in 64 per cent. lesions are detected, such as hyperæmia and fatty degenerations. He states that the "presence of albumen in the urine is, therefore, by no means a constant phenomenon of eclampsia."

The theory he advances is that the convulsions are due to anæmia of the brain, with œdema, caused by an increase of serum in the blood, and hence an increased arterial tension; as a consequence of this anæmia coma sets in, and later convulsions ensue. During the convulsions chloroform is recommended, also hypodermics of morphia.

The book closes with a chapter on the mental affections of lying-in women, and one on the skin diseases of the puerperal state.

This review can but give an insight into this valuable book, and the time spent in its perusal will be well-spent. It represents the most recent views on pathology, and the treatment of the different diseases is well carried out in accordance with the present views of the German teachers.

The translating is well done into good, readable English. The leading chapters are supplemented by reports of cases, worked out with great minuteness, a great help to those looking up a puzzling case.

The bibliography of the different diseases is also given, a valuable aid to those hunting up the collateral reading of the subject.

The book should be on the table of every wide-awake practitioner.

HAY-FEVER, OR SUMMER CATARRH. By Geo. M. Beard, A. M., M. D. New York: Harper & Brothers. 1876.

This is decidedly the most complete resumé of the theories and conclusions of our ablest scientists who have written upon the subject, and the observations and experiences of hundreds of victims, we have yet seen. We wish we could say that the work is in every respect satisfactory, but we rise from our reading with the sad conclusion that, notwithstanding the light which has been thrown upon the history, cause, and various phases of the malady, no general specific has as yet been found.

In preparing the work the author thoroughly analyzed the numerous works which have appeared from time to time, and subjecting them to a critical and intelligent experience, has presented us, carefully grouped together, about all the reliable facts which have as yet been obtained. To obtain this experience, a circular, with questions to be answered, was sent out to a large number of intelligent persons, known to be victims of summer catarrh. These questions were answered by two hundred individuals, and from the experience thus obtained, and the facts brought out by different authors, the writer has reached the following conclusions. 1. Hay-fever is essentially a neurosis—that is, a functional disease of the nervous system. In order to induce an attack there is necessary, first of all, a predisposition, frequently hereditary, to special and excessive sensibility of the nerves supplying the affected parts. The debilitating influence of heat, and the external irritation of a large number of vegetable and other substances, are exciting causes merely widely varying in their effects with different individuals, and of themselves are powerless to induce, or at least to sustain, an attack. As the disease depends mainly on the individual predisposition, no two cases will be precisely alike, but all will differ as individuals differ. 2. All forms of the disease in all countries variously known as “rose cold, peach cold, June cold, hay fever, hay asthma, hayweed fever and autumnal catarrh,” are but manifestations of but one disease, for which the most appropriate name is “summer catarrh,” and may be subdivided into the early fever, middle fever or June cold, and the later fever of “autumnal catarrh.” As the disease is not due to any specific cause, animal or vegetable, as has been supposed, no specific will ever be found for it, as with ordinary asthma, sick-headache, and other neurosis to which it is in some respects analogous, the attacks may be prevented and relieved, and some remedies will act specifically for individuals, but no one remedy will ever be found to relieve all cases. 3. The leading indications in the prevention and treatment of the disease are the avoidance of light, heat, worry, dust, vegetable and animal irritants, strengthening the system by tonics, and the use of such remedies as may be specially indicated.

The physician and general reader will find in this little volume a vast amount of practical information, and many useful hints for the prevention and control of the disease.

Reports of Societies.

ONONDAGA HOMŒOPATHIC MEDICAL SOCIETY, HELD IN SYRACUSE, N.Y.

JULY MEETING.

(Reported by H. V. Miller, M. D., Secretary.)

(Continued from page 144.)

CLINICAL VERIFICATIONS.

Pleurisy. Kali-carb., 30th, 200.

Several cases with severe stitching pains, worse from motion and full inspiration, and about 3 o'clock A.M. not relieved by *aconite* or *bryonia*. Location of pains: Lower part of right chest in front, or left chest in cardiac region.

Labor Pains. Kali-carb., 200.

Severe pain, stitches, or heavy weight in small of back. Sometimes the pains extended down the *glutei muscles*.

Neuralgia of Cardiac Plexus. Kali-carb., 30.

Stitching pains, palpitation of heart, aggravation towards morning.

Rheumatic Carditis. Kali-carb., 30th.

When eight years old, one of my boys had rheumatic carditis, resulting in valvular disease. Instead of the two distinct sounds, there was a loud blowing sound. The patient has since had occasional attacks of rheumatism of the chest, obstructing respiration, with stitching pains. No benefit from *aconite*, *bryonia*, *spongia*, and many other remedies. *Kali-carb.* always and promptly relieves; and I think it is improving the valvular disease, now of three years' standing. The first and second ticks of the heart are now distinct.

KALI-BICHROM. AND KALI-CARB.

The following paper, by E. B. Squier, M. D., was then read: “A comparison of the uses of *Kali-Bichromicum* and *Kali-Carbonicum* in Ophthalmic Affections.”

We find the typical *kali-bichromicum* patient light-haired, full habit, and with firm, rigid muscles, of much the same type as the *Belladonna* patient.

We have acute and chronic conjunctivitis, with agglutination of the lids, especially in the morning, and discharge of a yellowish, stringy matter on opening the eyes; granulated lids, with sensation as of sand in the eye; dimness of sight, as from a gauze before the eye. (Think this is due to the pannus caused by the granulations.)

Amaurotic weakness of sight. Swelling of the lids, with a pustular eruption extending on to the cheeks, resembling the eruption of variola; pustules dried up after a few days. Pustular keratitis, particularly of left cornea, with but little redness of the conjunctiva.

Pustules and leucoma of cornea, with loss of vision.

Much lachrymation of a burning character on opening the eyes.

Photophobia by daylight, and not by artificial light.

All symptoms worse in cold weather—in the morning; from motion; and from the use of tobacco.

Better from warmth and rest.

KALI-CARBONICUM.

The patient is of a melancholy disposition; dark-haired, and with firm, rigid muscles.

Amblyopia. Conjunctivitis, with smarting and burning in the eyes.

Shooting and stitching pains in the eyes, especially on reading by artificial light.

Sensation of vivid brightness before the eyes, extending into the brain, even with the eyes closed in the evening on lying down. Light dazzles the eyes.

Vanishing of the sight when reading, with flashes of light and colors before the eyes.

Muscae volitantes; blue and green spots before the eyes; wheels appear to move before the eyes.

Swelling of the lids, with difficulty of opening them; bag-shaped, meeting between the brows and lids.

Suppuration in the corners of the eyes, with injection of the conjunctiva, and a burning, biting sensation in the eyes, especially the right eye.

Sharp tearing pain in right orbit and eye at night; stitches in the middle of the eye.

Worse after sleep; from light; in wet and cold weather; from moistening the diseased part.

Better during the day, and before midnight; from rest; warmth and in dry weather.

Kali-bichromicum seems to be particularly adapted to scrofulous and syphilitic affections of the eyes, in which there is a low grade of inflammation.

Pustular and parenchymatous keratitis, in

which there is but little photophobia and conjunctival injection.

It is also very useful in clearing up the opacities of the cornea following ulceration; may be used both internally and locally with benefit. I have often seen marked improvement from its use in these conditions.

Dr. Norton reports the cure of a case of ulcer of cornea, with no photophobia and but little redness of conjunctiva, with stringy discharge from the eye. He says it is particularly adapted to those cases in which there is less conjunctival injection and photophobia than might be expected from the corneal lesion.

I would think *kali-carb.* particularly applicable to simple ophthalmia or conjunctivitis occurring in patients of a rheumatic diathesis. It will be characterized by much swelling of the lids and injection of the conjunctiva, with dread of light, and the stitching, tearing pains characteristic of *kali-carb.* In the provings the right eye seems to have been most affected. I do not know that this has been clinically verified.

In "Raue's Record," for 1872, I find the verification of many of the symptoms in a case of blepharitis.

The patient had suffered with arthritic pains; lids swollen and red; caruncula swollen and injected; lachrymation and pain from bright light; pressing pain in front of head and temples into eyes. *Kali-c.*, 3d.

CLINICAL CASES.

Croup—*Kali-bich.* Dr. Brewster reported a case of croup, with frequent darting pains in left tonsil, cured by this remedy in high dilution.

Cough—*Kali-carb.* He also reported a case of severe barking cough, generally worse about 3 o'clock in the morning, of twenty years' standing, worse in fall and winter, cured by one dose 7^m. He often found this remedy indicated for blondes in certain diseases.

Dr. Richards reported a remarkable case of slow and intermittent pulse cured by *digitalis*, followed by several other remedies.

Dr. Doane reported a desperate case of purpura hemorrhagica, several years ago, which was cured in a week by *aconite*, and alternated with *hamamelis*.

Subject for discussion at next meeting: Iodine and *Cistus Canadensis*.

Adjourned to September 19.

HUDSON RIVER HOM. MED. SOCIETY.

DR. WALDO has been elected President for the ensuing year; Dr. H. M. Paine, Vice-President; Dr. H. L. Waldo, Secretary and Treasurer; Drs. Coburn, Carpenter and Holmes, Censors.

The following classification of diseases was adopted to be reported on for the next year:

CONTAGIOUS.

Cerebro spinal meningitis, diphtheria, measles scarlet fever, small-pox, typhus fever, typhoid fever, whooping cough.

NON-CONTAGIOUS RESPIRATORY ORGANS.

Acute catarrh, influenza, hay-fever, sore throat, tonsillitis, laryngitis, trachitis, croup, bronchitis, pneumonia, pleurisy.

DIGESTIVE ORGANS.

Cholera infantum, cholera morbus, diarrhœa, dysentery.

SKIN DISEASES.

Boils, erysipelas, uricaria.

FEVERS.

Bilious fever, remittent fever, intermittent fever.

OTHER DISEASES.

Rheumatism, sciatic, inflammation of brain, inflammation of liver, inflammation of kidney, peritoneum, hemorrhage nose, hemorrhage of the lungs and bowels, whitlow, neuralgia of the head, face and chest.

The society adjourned to meet at the office of Dr. Coburn, the first Tuesday in October.

Medical Items and News.

COD-LIVER OIL.—One and a quarter million gallons of cod-liver oil have been made in Newfoundland this season.

DR. ARTHUR T. HILLS has been appointed physician, in charge of the Eye Clinique, at the Western Hom. Dispensary, in place of Dr. Frank Boynton, resigned.

THE baths, at No. 7 West Twenty-fourth street, advertised on another page, we can commend, from personal observation and experience. An occasional Turkish or Russian bath will be found highly conducive to health by every one, as the thorough cleansing they give the skin is one of the best protections against atmospheric changes. The electric, turpentine, and other medicinal baths, which are given at this institution in the highest perfection, are precisely

what physicians would so often gladly prescribe for patients if they knew where to direct them. They can rely upon having their instructions carried out here with intelligence and fidelity.

DEATH OF DR. GEORGE F. HURD, OF ROCHESTER, N. Y.—We are deeply pained to record the death, which occurred recently, from typhoid fever, of a very promising young physician, Dr. Geo. F. Hurd. Some few weeks ago, during the heated term, he visited Philadelphia and drank considerable of the water in that place, which has the reputation of being very unhealthy. On his return home he complained of feeling sick, but was able to attend to the arduous duties of his profession till very recently, when he took to his bed, from which he was destined never to rise. From the first his symptoms were very alarming, and his friends were anxious about the result which culminated in his untimely end. The deceased was born in Fayetteville, near Syracuse, twenty-seven years ago. Prior to 1869 he took a special course of study in chemistry, etc., and in that year he commenced studying medicine with his uncle, Dr. E. H. Hurd. He then came to New York and graduated from the New York Homœopathic Medical College, in the class of 1872; returning to Rochester, he entered into partnership with his uncle, with whom he had been associated ever since. After his graduation he married a young lady from Syracuse, who, together with two young children, he leaves behind to mourn his loss. In this sad ending, society has to mourn the loss of a young man that comprised one of its brightest ornaments. Energetic, studious, and devoted heart and soul to his profession, he entered upon its beneficent duties with the knowledge and consciousness of the work he was called on to perform. In private life his conduct was equally exemplary, and those who had the pleasure of enjoying his friendship feel indeed that a true, honest friend has passed away from them.

TWENTY-FIVE per cent. additional charge for pages facing reading matter. The two reference lines on face page, \$2 each one insertion; \$5 three insertions.

THE TIMES is sent to secretaries of homœopathic medical societies, free of charge, upon application; also to homœopathic medical libraries, hospitals and dispensaries.